

Prior authorization requirements for Kansas Medicaid

Effective March 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kansas health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **866-604-3267**
- To request prior authorization for the Pediatric Care Network (PCN), please call PCN at **833-802-6427**, 8 a.m.–5 p.m. CT, Monday–Friday.

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	Prior authorization required	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For applied behavior analysis (ABA) therapy, submit via fax or Provider Express			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast cancer (BRCA) genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	Prior authorization required	Injectable colony-stimulating factor drugs that require prior authorization:			
	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology diagnosis (DX). See the injectable medications section below.	Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448* Filgrastim-ayow (Releuko®) Q5125*			
		Bone-modifying agents that require prior authorization:			
		Denosumab (Xgeva®) J0897*			
		Antiemetic drugs J1456			
		Colony Stimulating Factors J1449, Q5111			
		Erythropoiesis-Stimulating Agents J0885			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	DX not req prior authorization (PA)	
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cardiovascular (cont.)		I70.744	I70.745	I70.748	I70.749	
		I70.761	I70.762	I70.763	I70.768	
		I70.769	I72.3	I72.4	I72.8	
		I72.9	I77.2	I77.70	I77.72	
		I77.77	I77.79	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		T82.818A	T82.868A	S81.801A	S81.802A	
		S81.809A	S91.301A	S91.302A	S91.309A	
		M86.051	M86.052	M86.059	M86.061	
		M86.062	M86.069	M86.071	M86.072	
		M86.079	M86.08	M86.09	M86.1	
		M86.10	M86.151	M86.152	M86.159	
		M86.161	M86.162	M86.169	M86.171	
		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
	Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and	J1323 Q5112	J2277 Q5129	J2425	J3055
			Injectable chemotherapy drugs that require prior authorization:			
			<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned 			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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intrathecal for a cancer diagnosis

code and will be billed under a miscellaneous HCPCS code

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Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

Continuous glucose monitor	Prior authorization required with Type 2 diabetes diagnosis	E0787
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Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	55970	55980
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
	67916	67917	67921	67922	
	67923	67924	67950	67961	
	67966	Q2026			

*Will NOT require prior authorization when billed with skin cancer diagnoses
These surgical codes with the following DX codes:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
physiologic function		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
Cosmetic and reconstructive procedures (cont.)		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
		64892	64896		
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A4604	A4618	A7027	A7028
		A7029	A7030	A7031	A7032
		A7033	A7034	A7035	A7036
		A7037	A7038	A7039	A7044
		A7045	A7046	A9900	E0194
		E0240	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0465	E0466
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0470	E0471	E0472	E0483
		E0486	E0561	E0562	E0601
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1825	E2100	E2227	E2228
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2611
		E2612	E2613	E2614	E2615
		E2616	E2617	E2620	E2621
		E2626	E2627	E2628	E2629
		E2630	K0005	K0008	K0013

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0108	K0739	K0812	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		T1999	V2786		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4160	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 E1831	36514 66180 S0810	64722 A4638 S9990	65765 E0231 S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162 81229 81402 81406 81420 81443	81163 81277 81403 81407 81432 81445	81164 81400 81404 81408 81437 81448	81228 81401 81405 81412 81440 81460
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification	81465 81520 81595	81507 81521 87505	81518 81522 87506	81519 81546 87507

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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ation process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the genetic and molecular testing prior authorization/notification program for each specified genetic test.

Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.

Home health services	Prior authorization is required only in outpatient settings, to include member's home.	97535	97537	99381	99382
		99383	99384	99385	99391
		99392	99393	99394	99395
		99600	99601	99602	G0151
		G0152	G0153	G0156	G0299
		G0300	H0004	H0045	H2014
	The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	S0315	S0316	S5125	S5130
		S5135	S5190	S9128	S9129
		S9131	S9460	T1000	T1001
		T1002	T1003	T1004	T1005
		T1019	T1021	T1023	T1030
		T1031	T1502	T2025	T2029
		T2040			

Injectable medications	Prior authorization required	Abilify Asimtufii
		J0402
		Abilify Maintena
		J0401
		Actemra
		J3262
		Acthar

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	J0801			
	Adakveo			
	J0791			
	Adasuve			
	J2062			
	Adcetris			
	J9042			
	Aduhelm			
	J0172			
	Adynovate			
	J7207			
	Adzynma			
	J7171			
	Akynzeo			
	J1454			
	Aliqopa			
	J9057			
	Alprolix			
	J7201			
	Amivantamab (Rybrevant)			
	J9999			
	Amondys 45			
	J1426			
	Amvuttra			
	J0225			
	Anti-thymocyte globulin (Atgam)			
	J7504			
	Aralast NP, Prolastin-C, Zemaira			
	J0256			
	Aristada			
	J1944			
	Aristada Initio			
	J1943			
Arranon				
J9261				
Arzerra				
J9302				
Ascenic				
J1554				
Avonex				
J1826		Q3027	Q3028	
Avsola				
Q5121				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Bavencio				
	J9023				
	Belantamab mafodotin-blmf (Blenrep)				
	J9037				
	Belinostat (Beleodaq)				
	J9032				
	Bendeka				
	J9034				
	Benlysta				
	J0490				
	Beqvez				
	J1414				
	Betaseron				
	J1830				
	Bevacizumab-awwb (Mvasi)				
	Q5107				
	Bicnu				
	J9050				
	Blincyto				
	J9039				
	Bortezomib (Velcade)				
	J9041				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura				
	J0567				
	Calaspargase pegol-mknl (Asparlas)				
	J9118				
	Camptosar				
	J9206				
	Cemiplimab-rwlc (Libtayo)				
	J9119				
Cerezyme					
J1786					
Chlorpromazine					
J3230					
Cimzia*					
J0717					
Cinqair					
J2786					
Clofarabine (Clolar)					
J9027					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Cortrophin Gel	J0802
	Cosentyx IV	J3247
	Crysvita	J0584
	Cutaquig	J1551
	Cyramza	J9308
	Darzalex	J9145
	Darzalex Faspro	J9144
	Dinutuximab (Unituxin)	J9999
	Doxorubicin Doxil)	Q2050
	Elaprase	J1743
	Elelyso	J3060
	Elevidys	J1413
	Elfabrio	J2508
	Eloctate	J7205
	Empliciti	J9176
	Enbrel	J1438
	Enhertu	J9358
	Enjaymo	J1302
	Entyvio	J3380
	Erbix	J9055
	Eribulin mesylate (Halaven)	J9179

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Evenity	J3111
	Evkeeza	J1305
	Evomela	J9246
	Exondys 51	J1428
	Fabrazyme	J0180
	Fasenra	J0517
	Firazyr	J1744
	Flolan	J1325
	Fluphenazine Decanoate	J2680
	Fylintra	Q5130
	Gamifant	J9210
	Gazyva	J9301
	Givlaari	J0223
	Glassia	J0257
	Glatiramer (Glatopa, Copaxone)	J1595
	Glucarpidase (Voraxaze)	J3590 C9293
	Granix	J1447
	Haloperidol Decanoate	J1631
	Hemgenix	J1411
	Herceptin	J9355
	Herceptin Hylecta	J9356

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Herzuma				
	Q5113				
	Hyqvia				
	J1575				
	Idacio				
	Q5131				
	Idelvion				
	J7202				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Imfinzi				
	J9173				
	Inflectra				
	Q5103				
	Infugem				
	J9198				
	Inotuzumab ozogamicin (Besponsa)				
	J9229				
	Invega Sustenna				
	J2426				
	Isatuximab-irfc (Sarclisa)				
	J9227				
	IVIG				
	90283	J1459	J1552	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
J1575	J1576	J1599			
Ixempra					
J9207					
Jemperli					
J9272					
Jevtana					
J9043					
Jivi					
J7208					
Kadcyla					
J9354					
Kanjinti					
Q5117					
Keytruda					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)	J9271	Khartzory	
	J0642	Kisunla	
	J0175	Kyprolis	
	J9047	Lamzede	
	J0217	Lartruvo	
	J9285	Lemtrada	
	J0202	Leqembi	
	J0174	Leukine	
	J2820	Leuprolide Acetate	
	J9218	Loncastuximab tesirine (Zynlonta)	
	C9399	J9999	
	J2778	Lucentis	
	J0221	Lumizyme	
	J9313	Lumoxiti	
	J9223	Lurbinectedin (Zepzelca)	
	J3398	Luxturna	
	J9353	Margetuximab-cmkb (Margenza)	
	J9209	Mesnex	
	J9281	Mitomycin pyelocalyceal (Jelmyto)	
	J9204	Mogamulizumab-kpkc (Poteligeo)	
	J2562	Mozobil	
	J9348	Naxitamab-gqgk (Danyelza)	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Neulasta	J2506
	Neupogen	J1442
	Nplate	J2802
	Nucala	J2182
	Ocrevus	J2350
	Octreotide (Sandostatin)	J2354
	Ogivri	Q5114
	Olanzapine, Zyprexa	S0166
	Omacetaxine (Synribo)	J9262
	OmvoH	J2267
	Oncaspar	J9266
	Onivyde	J9205
	Onpattro	J0222
	Opdivo	J9299
	Opfolda	J1202
	Orencia	J0129
	Oxlumo	J0224
	Paclitaxel protein-bound (Abraxane)	J9264
	Parsabiv	J0606
	Pemetrexed (Alimta)	J9305
	Pemfexy	J9304
	Pepaxton	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)		J9247	
	Perjeta		
		J9306	
	Perseris		
		J2798	
	Phesgo		
		J9316	
	Porfimer sodium (Photofrin)		
		J9600	
	Portrazza		
		J9295	
	Pralatrexate (Folotyn)		
		J9307	
	Prialt		
		J2278	
	Prolia Zgeva		
		J0897	
	Provenge		
		Q2043	
	Rebinyn		
		J7203	
	Rasburicase (Elitek)		
		J2783	
	Reblozyl		
		J0896	
	Releuko		
		Q5125	
	Remicade		
		J1745	
	Remodulin Treprostinil		
		J3285	
	Renflexis		
		Q5104	
Riabni			
	Q5123		
Risperdal Consta			
	J2794		
Rituxan			
	J9312		
Rituxan Hycela			
	J9311		
Roctavian			
	J1412		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Romidepsin (Istodax)	J9315
	Rybrevant	J9061
	Rykindo	J2801
	Rylaze	J9021
	Ryplazim	J2998
	Rystiggo	J9333
	Sandostatin LAR	J2353
	Simponi Aria	J1602
	Skyrizi	J2327
	Soliris	J1300
	Spinraza	J2326
	Spravato	S0013
	Stelara	J3358
	Sunlenca	J1961
	Supprelin LA	J9226
	Synagis*	90378
	Tafasitamab-cxix (Monjuvi)	J9349
	Tagraxofusp-erzs (Elzonris)	J9269
	Tecentriq	J9022
	Tepezza	J3241
	Tezspire	J2356

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Therapeutic Radiopharmaceuticals	A9606	A9607	A9699	
	Tofidence	Q5133			
	Trazimera	Q5116			
	Treanda	J9033			
	Trelstar	J3315			
	Tremfya	J1628			
	Triptodur	J3316			
	Trodelvy	J9317			
	Truxima	Q5115			
	Tyenne	Q5135			
	Tysabri	J2323			
	Tyvaso	J7686			
	Tzield	J9381			
	Ultomiris	J1303			
	Unclassified codes**				
		C9149	C9172	C9399	J3490
		J3590			
	Udenyca	Q5111			
	Uplizna	J1823			
	Uzedy	J2799			
	Valstar	J9357			
	Varubi	J2797			
	Vectibix	J9303			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Ventavis				
	Q4074				
	Veopoz				
	J9376				
	Viltepso				
	J1427				
	VPRIV				
	J3385				
	Vyepti				
	J3032				
	Vyjuvek				
	J3401				
	Vyondys 53				
	J1429				
	Vyvgart Hytrulo				
	J9334				
	Vyxeos				
	J9153				
	White Blood Cell Colony Stimulating Factors				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Xembify				
	J1558				
	Xenpozyme				
	J0218				
	Xiaflex				
	J0775				
	Xolair				
	J2357				
	Xofigo				
	A9606				
	Yervoy				
	J9228				
	Yondelis				
	J9352				
	Zaltrap				
	J9400				
	Zarxio				
	Q5101				
	Zolgensma				
	J3399				
	Zynteglo				
	J3393				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Zyprexa Relprevv
J2358

Please check our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy**. Predetermination is highly recommended for the drugs on the list. The **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** is available at **Community Plan Medical & Drug Policies and Coverage Determination Guidelines**.

* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at **800-310-6826**.

** For unclassified and temporary codes C9172, C9399, J3490, J3590, prior authorization is only required for Abilify Asimtufii, Briumvi, Fyarro, Invega Hafyera®, Nexviazyme, Nulibry, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Upravi®, Uzedy, Vabysmo™, Voxzogo

*** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		

Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	rental cost of more than \$500.	L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
L5814	L5816	L5818	L5822		
L5824	L5826	L5828	L5830		
L5845	L5848	L5857	L5858		
L5930	L5950	L5960	L5961		
L5962	L5964	L5966	L5968		
L5973	L5976	L5979	L5980		
L5981	L5982	L5984	L5986		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
Personal care service	Prior authorization required	T1019			
Positron emission tomography (PET) scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459 78609 78814	78491 78811 78815	78492 78812	78608 78813
Private duty nursing	Prior authorization required	T1000			
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
beams of protons, which are tiny particles with a positive charge					
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep studies	Prior authorization required	95800	95801	95805	95806
		95807	95808	95810	95811
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia® (lovotibeglogene autotemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	J3394	S2060
		S2061	S2152		
		CAR-T cell therapy			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	

